NEW YORK STATE DEPARTMENT OF HEALTH

Certificate of Qualification Questionnaire

Clinical Laboratory Evaluation Program Biggs Lab – Wadsworth Center Empire State Plaza Albany, NY 12237

Cellular Immunology

E-mail: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

Instructions:		t this form along w		supervised and/or directer ble letters of documentat		
Name	CQ Code (if known)					
Name of facility	·	PFI/CLIA#				
Test/analyte	Specimen source	Dates (MM/YY-MM/YY)	Volume for dates listed	Instrument/platform	Method/chemistry	FDA- Approved Yes/No
Leukocyte Function	(add additional page(s)	if needed)				
Malignant Leukocyt	e Immunophenotyping (add additional pag	ge(s) if needed) I	<u> </u>	T	
Al P (I I						
Non-malignant Leuk	cocyte Immunophenotyp	oing (add additiona	al page(s) if nee	eded)		
Food and Drug Admini		ot been modified to	change the proc	with Emergency Use Autho edure or the intended use. I xemption (IDE).		
Is/Was all testing	g listed in the above tab	le performed unde	er your direct su	pervision? Yes	No	
If No, what perce	entage was under your	direct supervision	n?			
The applicant and supervision by the		orint and sign their na	ames below to at	test that the testing above w	as performed by and/or un	ider direct
Print applicant name			t signature		Date	
Print supervisor/director name			or/director signat	ure	Date	

Supervisor/director's relationship to applicant (e.g. direct supervisor) and how this allows attestation of the applicant's training and/or experience